

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City Laura (No. 11 Jeremiah Hospital)

File No. **25165**
Registered No. **6589**
St. Ward)

2. FULL NAME

(a) Residence, No. 1306 Whitten St., 11 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth 44 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 65

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 6 1933 11. Total time (years) spent in this occupation 44 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

13. NAME Louis Dorn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Edmund Begler (ADDRESS) 1306 Whitten

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherish Kadache DATE July 30 33

19. UNDERTAKER (ADDRESS) Ex handled funeral

20. FILED JUL 30 1933 G. T. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/29, 19 33

22. I HEREBY CERTIFY, That I attended deceased from 7/6, 19 33 to 7/29, 19 33

I last saw him alive on 7/29, 19 33 Death is said

to have occurred on the date stated above, at 10:10 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic
Arteriosclerosis, general
Coronary occlusion
Heart block, chronic
Other contributory causes of importance: 93

Name of operation None Date of 7/29

What test confirmed diagnosis? EKG Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Edmund Begler M. D.

(Address) Public Hospital, St. L. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 20 1933

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